FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

SOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** WNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL							
OMB Number.	3235-0076						
Expires:	May 31, 2005						
Estimated average burden							
hours per respo	nse16.00						

SEC USE	ONLY							
Prefix	Serial							
DATE RECEIVED								
1	1							

Name of Offering ( check if this is an amendment and name has changed, and indicate charged	nge.)
Hardscrabble Apartment Associates, LLC Filing Under (Check box(es) that apply): X Rule 504 Rule 505 Rule 506 Sec	ction 4(6) \$7 III OF
Type of Filing: New Filing Amendment	CUON 4(6) K ULOE
A. BASIC IDENTIFICATION DAT	A
1. Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change	03027209
Hardscrabble Apartment Associates, LLC	0302/209
Address of Executive Offices • • (Number and Street, City, State, Zig	
312 E. Main Street, Spartanburg, SC 29302	864-583-6964
Address of Principal Business Operations (Number and Street, City, State, Zi (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Real estate development	
Type of Business Organization    corporation   limited partnership, already formed   X	other (please specify):
husiness trust     limited partnership to be formed	
Month Year	Limited Liability Company
Actual or Estimated Date of Incorporation or Organization:	Estimated PROCESS
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation  CN for Canada; FN for other foreign jurisdiction	
GENERAL INSTRUCTIONS	× 111 1 1 2 1 200
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regu 77d(6).	THOMSON  alation D or Section 4(6), 17 CFR 230.501 et seq. or Fig. 3.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address which it is due, on the date it was mailed by United States registered or certified mail to that address.	ss given below or, if received at that address after the date on
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington,	, D.C. 20549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be photocopies of the manually signed copy or bear typed or printed signatures.	e manually signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need thereto, the information requested in Part C, and any material changes from the information previous not be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (UL ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice of are to be, or have been made. If a state requires the payment of a fee as a precondition to the accompany this form. This notice shall be filed in the appropriate states in accordance with sthis notice and must be completed.	with the Securities Administrator in each state where sales e claim for the exemption, a fee in the proper amount shall
ATTENTION ———	
Failure to file notice in the appropriate states will not result in a loss of the fe appropriate federal notice will not result in a loss of an available state exempt filing of a federal notice.	
SEC 1972 (6-02)  Persons who respond to the collection of information conrequired to respond unless the form displays a currently visit of the collection of information conrequired to respond unless the form displays a currently visit of the collection of information conrections.	

2. Er	nter the information r	equested for the fo		ENTIFICATION DATA				
•	Each promoter of	the issuer, if the is:	suer has been organized v	within the past five years;				
•	Each beneficial ov	vner having the pow	ver to vote or dispose, or d	irect the vote or disposition	of, 10% or more o	fa clas	ss of equity securities of the issu	ier.
•	Each executive of	ficer and director o	of corporate issuers and of	f corporate general and mar	naging partners of	f partn	ership issuers; and	
•	Each general and	managing partner o	of partnership issuers.					
Check I	Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner	
Full Na	me (Last name first,		_					<del></del>
Rusines	Pulliam	Norman	F'. Street, City, State, Zip C	(ode)				<del></del>
			et, Spartan		9302			
Check I	Box(es) that Apply:	Promoter	Beneficial Owner		Director		General and/or Managing Partner	_
Full Na	me (Last name first,	-						
			L. (III)					
Busines			Street, City, State, Zip C	•	: .			: ==
			et, Spartan		9302	<del></del>	G 1	_
Check !	Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	Ц	General and/or Managing Partner	
Full Na	me (Last name first,	if individual)						
Busines	ss or Residence Addr	ess (Number and	Street, City, State, Zip C	Code)				<del></del>
Check 1	Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner	
Full Na	me (Last name first,	if individual)						
Busines	ss or Residence Addr	ess (Number and	Street, City, State, Zip C	Code)				
Check I	Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner	-;
Full Na	ume (Last name first,	if individual)						_
Busines	ss or Residence Addr	ess (Number and	Street, City, State, Zip C	Code)				_
Check	Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner	
Full Na	me (Last name first,	if individual)				·		
Busines	ss or Residence Addr	ess (Number and	Street, City, State, Zip C	Code)				
Check 1	Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner	
Full Na	me (Last name first,	if individual)						
Busines	ss or Residence Addr	ess (Number and	Street, City, State, Zip C	Code)				
		77. 11			<u> </u>			
		(Use bla	ank sheet, or copy and use	e additional copies of this s	heet, as necessary	1)		

\$30

					В. Е	NFORMAT	ION ABOU	T OFFERI	NG				
1.	Has the	issuer sold	l or does ti	ne issuer ir	ntend to se	ll to non-a	ccredited i	nvestors ir	this offer	ing?		Yes	No visit
••	rius tire	133401 3014	., 01 4003 11			Appendix	~				••••••••••••		ХX
2.	What is	the minim	um investn					_				s 50	,000
						-						Yes	No
		e offering										<del>X</del> X	
	commis If a pers or states	sion or sim son to be lis	ilar remune ted is an ass me of the b	ration for s sociated pe roker or de	solicitation erson or age ealer. If me	of purchas ent of a brol ore than fiv	ers in conno cer or deale e (5) person	ection with r registered ns to be list	sales of sec d with the S ed are asso	curities in t SEC and/or	irectly, any he offering, with a state sons of such	:	
	,	Last name		ividual)					<del></del>		<del></del>		
		n, Jac Residence		umber and	Street C	ity State 7	(in Code)						
200		11051401100				,, 0.0.0, 2	np code,						
Nam	ne of Ass	sociated Br	oker or De	aler									
State	es in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	" or check	individual	States)		•••••			•••••		☐ Al	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	D
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
	KI	[30]	اردن	111		(01)	[¥I]	(VA)	UYA	<u> </u>		<u> </u>	IX
Full	Name (	Last name	first, if indi	vidual)								. <u></u>	
Busi	iness or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)	<del></del>	<del></del>	<del></del>		<del></del>	
Nam	ne of Ass	sociated Br	oker or De	aler						<u></u>	· - · ·		
<del></del>	: 33/2	ich Person	Tisted Hea	Caliaisad	<u>V</u> -4 d-	4- C-1:-i4	Dh	·			<del></del>		
		"All States										□ A1	l States
	(CCC.R												
	AL	AK	[AZ]	AR	[CA]	CO	CT	DE]	DC MA	FL	GA	HI MS	MO
	IL MT	NE NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	ND	MI OH	MN OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	$\overline{\mathrm{wv}}$	WI	WY	PR
Full	Name (	Last name	first, if indi	vidual)									
		70.11			1.00		7: 0 1					·	
Busi	ness or	Residence	Address (1	number an	a Street, C	ity, State, .	Zip Code)						
Nam	e of Ass	sociated Br	oker or Dea	aler									
State	es in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	" or check	individual	States)	***************************************			***************************************	•••••		Al	States
	AL	AK	$A\overline{Z}$	AR	CA	CO	CT.	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already

	Type of Security	Aggregate Offering Price	Ar	nount Already Sold
	Debt	s 0	\$	0
	Equity		- '—	
	Common Preferred	<u> </u>	- ~—	
	Convertible Securities (including warrants)	0 2	\$	0
	Partnership Interests		- · _ \$	0
	Other (Specify membership interest		_	0
	Total			0
	Answer also in Appendix, Column 3, if filing under ULOE.	+X		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			<b>A</b>
		Number Investors		Aggregate ollar Amount of Purchases
	Accredited Investors	0	<b>S</b> _	0
	Non-accredited Investors	0	. \$_	0
	Total (for filings under Rule 504 only)		\$_	0
	Answer also in Appendix, Column 4, if filing under ULOE.	•		•
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
		Type of	D	ollar Amount
	Type of Offering	Security O	_	Sold O
	Rule 505		\$_	
	Regulation A		\$_	0
	Rule 504		\$_	
	Total		\$_	0
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees		s	
	Printing and Engraving Costs	······ <u>X</u>	\$	<del>2,000</del>
	Legal Fees			20,000
	Accounting Fees	······ <u>X</u>	\$	<del>4.000</del>
	Engineering Fees			31,500
	Sales Commissions (specify finders' fees separately)	····· <u>X</u>	\$	36,000
	Other Expenses (identify)		\$	
	Total	X	\$	93.500

	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		∑s 166,50
	Purchase of real estate	s	\$ <u>_640,00</u>
	Purchase, rental or leasing and installation of machinery		
	and equipment [		<del>-</del>
	Construction or leasing of plant buildings and facilities	_] \$	. 🔲 3
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another		
	issuer pursuant to a merger)	□ \$	. 🗆 \$
	Repayment of indebtedness	\$	s
	Working capital	\$	\$
	Other (specify):		
		¬\$	<b>\$</b>
	Column Totals		
	Total Payments Listed (column totals added)	反\$_8	06,500
	D. FEDERAL SIGNATURE	**	
sigr the	issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice to atture constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commis information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Face (Print or Type)	sion, upon writte	
ds	crabble Apartment Associates, LLC		1-03
	ne of Signer (Print or Type)  Easterling III  Manager		
	_		·

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNAT	URE					
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?							
		See Appendix, Column 5, for	state response.					
2.	The undersigned issuer hereby undertake: D (17 CFR 239.500) at such times as rec	-	rator of any state in which th	his notice is filed a notice on Fo				
3.	The undersigned issuer hereby undertaken issuer to offerees.	es to furnish to the state admin	strators, upon written requ	est, information furnished by t				
4.	The undersigned issuer represents that the limited Offering Exemption (ULOE) of this exemption has the burden of estal	he state in which this notice is t	iled and understands that th					
	er has read this notification and knows the c thorized person.	contents to be true and has duly o	aused this notice to be signe	ed on its behalf by the undersign				
,	Print or Type) cabble Apartment Assoc	Signature iates LLC	Eslo, Date	7-11-03				
Name (F	Print or Type)	Title (Print or Type)	71					
hn T	Easterling, III	Manager	/ /					

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				AP	PENDIX				
1	Intend to non-a investor	I to sell accredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA				·		-			
со									
СТ									
DE									
DC									
FL									
GA									
НІ									
ID									
IL									
IN									
IA									
KS									
KY									
LA									
ME									
MD									
MA									
MI			_		·				
MN									
MS								i	

## APPENDIX 2 3 4 5 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part C-Item 1) (Part C-Item 2) (Part B-Item 1) (Part E-Item 1) Number of Number of Accredited Non-Accredited Yes No Investors Investors Yes No State Amount Amount MO MT NE NVNH NJ NM NY NC ND OH OK OR PA RISC X 900,000 9 900,000 SD TN $\mathsf{TX}$ UT VT VA WA WV WI

				APP	ENDIX				
1	2 3  Type of security and aggregate offering price offered in state (Part B-Item 1)  Type of security and aggregate offering price offered in state (Part C-Item 1)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
PR									